

**Initial Follow-Up  
Former Student Follow-up Questionnaire**

**Student:** \_\_\_\_\_

**Document ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**ID:** \_\_\_\_\_

This questionnaire is requesting information to see how your vocational/technical program training relates to your present work or school situation. Please answer the questions below and return this form at your earliest convenience.

Information you provide will not be reported on an individual basis but will be used only to provide statewide statistical information.

Please call me if you have questions about this form. Thank you.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Program Instructor

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NOTE: This report is authorized by law (20 USC2312 and 20 USC 2391). You are not required to respond to this survey. Your cooperation is needed to ensure that the results of this program evaluation are comprehensive, reliable, and timely.

**1. What is your current employment status? (check one)**

- \_\_\_\_\_ Employed in a field related to your training  
\_\_\_\_\_ Employed in a field not related to your training  
\_\_\_\_\_ Military  
\_\_\_\_\_ NOT in the labor force. (NOT employed and NOT seeking employment)  
\_\_\_\_\_ Unemployed, seeking employment  
\_\_\_\_\_ Pursuing additional education related to your training  
\_\_\_\_\_ Pursuing additional education not related to your training

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NOTE: If you are currently employed, (checked one of the first 2 choices in part 1) please answer the remaining questions.

**2. Please provide the following information about your present job (if self-employed, write SELF-EMPLOYED):**

Name of company or firm: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Box, R.R.) (City) (State) (Zip)

Your immediate Supervisor: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Supervisor phone/e-mail: \_\_\_\_\_  
(Phone) (E-mail address)

Your job title: \_\_\_\_\_

Your job duties: \_\_\_\_\_

Your current salary (before deductions): \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month/year etc)

The salary is based on how many hours per week of employment? \_\_\_\_\_

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**3. For teacher use only: How was this information obtained?**

\_\_\_\_ Personal \_\_\_\_ Telephone \_\_\_\_ Mail \_\_\_\_ Another Person \_\_\_\_ Other, please specify \_\_\_\_\_

Name of other person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Box, R.R.) (City) (State) (Zip)

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_